JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

March 25, 2019

Dear Local WIC Agency Director,

I am writing you to announce an exciting grant opportunity for local agencies to address child retention using MIS to identify participants at risk of early termination. As a WIC service provider, you are well aware that WIC is considered the Nation's premier public health nutrition program. For over 40 years, WIC has improved the nutrition and health of low-income women and children and reduced the likelihood of future health problems through the provision of nutrition education and healthy foods and referrals to health and social services when compared to individuals eligible but not participating in WIC. Retaining eligible children in the WIC Program is a common problem across the Country and numerous barriers have been identified.

The United States Department of Agriculture, Food and Nutrition Services has responded to this problem by providing funding to develop a Participant Research Innovation Laboratory (PRIL) for Enhancing Customer Service in WIC Services. The Johns Hopkins University (JHU) has been funded through a cooperative agreement to partner with the FNS to establish Hopkins PRIL (HPRIL) and support research to address the problem of declining child participation in WIC.

Through the cooperative agreement, HPRIL is funding, supporting and evaluating 3-5 local WIC agency-initiated projects that use innovative and replicable interactive tools to improve program retention of children from age 1 to 4 years. Each local agency award will be for up to $150,000 per project. It is expected that the strategies designed through these grant awards will be replicable in other local agencies and clinics. Local WIC agencies will be expected to utilize their WIC management information system (MIS) to evaluate their projects, and HPRIL will work with grantees to guide project refinement in terms of implementation and evaluation plans so that they can be rigorously evaluated individually and across projects. State agency collaboration is needed for obtaining MIS data for the project. Each grantee's project period is 18 months, which includes planning, implementation and evaluation phases.

To learn more about this exciting grant opportunity and how to submit an application, please follow the attached proposal application guidance.

Sincerely,

The HPRIL Team

Attachment: HPRIL proposal application package

615 N. Wolfe Street, Baltimore, MD 21205-2179

REQUEST FOR PROPOSALS

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Introduction

The Hopkins Research Innovation Laboratory to Enhance WIC Services (HPRIL) is a partnership between the Johns Hopkins School of Public Health and the Food and Nutrition Service (FNS) of the U.S. Department of Agriculture (USDA). Building on years of federal funding of projects to improve retention of families in the WIC program, HPRIL will fund and support 3-5 local WIC agency projects testing the impact of innovative management, clinic, or retail tools on child retention. Retention is defined as recertification within 14 months. HPRIL will also conduct a cross-project evaluation.

Projects will focus specifically on using WIC management information systems (MIS), WIC's participant information databases, to help identify children at risk for not returning to the program, identify service gaps, and to test and evaluate innovations at the local agency level with harvested data. HPRIL intends to demonstrate how local agencies can maximize existing WIC data collection and data tracking tools to target and monitor child retention efforts, a practice that could be scaled nationally.

Background

Established in 1974, The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is administered by the Food and Nutrition Service (FNS) of the U.S. Department of Agriculture (USDA). WIC provides nutritious foods, nutrition education (including breastfeeding promotion and support), and referrals to health and other social services to participants at no charge. WIC serves low-income pregnant, postpartum and breastfeeding women, infants, and children up to age 5 who are at nutritional risk (Food and Nutrition Service, 2014).

The program is currently available in all 50 States, 34 Indian Tribal Organizations, American Samoa, District of Columbia, Guam, Commonwealth of the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands. Although WIC is funded through grants from the Federal Government, it is administered by 90 State agencies through approximately 1,900 local agencies (LAs) and 10,000 clinics (Johnson et al., 2017) and benefits can be redeemed at more than 47,000 authorized retailers. WIC serves over 7 million women, infants and children through over 10,000 clinics nationwide (USDA, 2015).

Within the last decade, WIC has made changes to stay more nutritionally, culturally, and technologically relevant. By 2009, food packages were changed to be more consistent with the Dietary Guidelines for Americans (USDHHS/USDA, 2005). The Healthy, Hunger-Free Kids Act of 2010 mandated that all WIC State Agencies must adopt an electronic benefit (EBT) system. The new debit card system will replace the paper vouchers that have been in use since 1968, and all WIC State Agencies are required to implement EBT by October 1, 2020.

The addition of funding for WIC Farmers' Market programs, breastfeeding promotion programs, and changes to the food packages have all been iconic and foundational changes to the initial WIC Program. As WIC policy continues to evolve, it aims to deal with serious issues such as childhood obesity and breastfeeding promotion while supporting states in their service of WIC participants. Federal WIC policy continues to guide nutrition care while allowing state and local officials the autonomy to tailor services to the needs of their participants. The future of WIC is the future of American children.

WIC Participation

In 2017 the national participation rate for WIC was 7.3 million participants, with peak participation in 2010 at 9.2 million participants (FNS, 2018a). Children 1-4 years have always been the largest category of WIC participants. Of the approximately 7.3 million people who received WIC benefits each month in FY 2017, approximately 3.76 million were children, 1.79 million were infants, and 1.74 million were women (FNS, 2018a). Coverage rates have remained relatively stable over time. The participation rate among eligible women and young children in 2015 was 52.7 percent and was 3.8 percentage points lower than in 2005 (Trippe et al., 2018). Infant participation in WIC has been relatively consistent with birth trends over the years. Births declined by 8 percent between 2007 and 2016 (Hamilton et al., 2017) and WIC infant participation fell by 14 percent between 2007 and 2016. WIC serves roughly half of infants born each year, fluctuating between 47 and 54 percent between 1997 and 2015. (Harper et al., 2009; FNS, 2018a). The percentage of all low-income women who receive WIC remained stable between 1997 and 2015 at just over 10 percent (Carlson, Neuberger & Rosenbaum, 2017). In 2015, WIC reached 73 young children for every 100 low-income young children compared with 71 in 1997 (FNS, 2018b).

After WIC received full funding by the US Congress in 1997 participation rates increased (from 7.4 million low-income women, infants, and children in 1997 to 9.2 million in 2010). As the economy improved following the recession, the number has fallen for several years in a row (to 7.7 million in 2016) (FNS, 2018a). While there are many factors that currently impact WIC enrollment, WIC participation generally reflects broader economic, social, and demographic trends.

Participation/Retention Patterns

HPRIL will focus on child retention, because retention of children 1-4 years is a recognized national problem. Over half of all the infants in the United States participate in the WIC Program, but only over a quarter of all children between the ages of 1-4 years continue to receive WIC benefits (Oliveira & Frazao, 2015). The USDA's Food and Nutrition Services estimates that 76.9 percent of infants eligible for WIC participate; but less than half of eligible children participate (Trippe et al., 2018). The sharp decline in participation after infancy is unlikely to reflect a trend of upward economic mobility of the family (Pati et al., 2014). Among

children eligible for WIC, age has been found to be a significant predictor of WIC participation independent of race/ethnicity, household size, maternal education, marital status, employment and age (Pati et al., 2014). One study found a 34% decrease in WIC participation of families with eligible children between the ages of 1 and 2; and for each one-month increase in the age of the child past 12 months, the odds of participating in WIC decreased by 4% (Pati et al., 2014).

Barriers to Participation

Research has explored and identified barriers to continued participation in WIC. Across studies, common themes cited for non-participation include lack of knowledge of the program and of eligibility requirements, general problems faced by participants in terms of lack of transportation, language barriers, immigration problems, and lack of childcare. Issues with the quality of service delivery are also barriers, and include problems with core client services (scheduling, timing, wait times/time burden, not liking WIC foods), and with vendor services (hard to find WIC foods, vendor hours, problems with purchasing and interactions with vendors). A 2014 survey of WIC agencies focusing specifically on child retention identified lack of knowledge of eligibility, frequency of certification, less child friendly clinic environments, less interaction with pediatric care providers (enabling linkage), conflicts with child food preferences, and competing priorities in terms of work and other activities (shopping, childcare, other) as additional barriers to participation.

Analyses of WIC participant patterns and behaviors can aid in understanding the nature of the problem and perhaps identify eligible participants at risk for leaving the program. Whaley et al (2017) used the WIC administrative database to identify factors associated with infant recertification at age 14 months. Infants, breastfed from 6 to 12 months, were more likely to be recertified in WIC by 14 months of age than infants who were fully formula fed, with increasing intensity of breastfeeding having increasing odds of recertification. Other factors positively associated with recertification by 14 months were prenatal intention to breastfeed, receipt of online education, months of prenatal enrollment in WIC, other family members receiving WIC, and participation in Medicaid. Factors negatively associated with recertification by 14 months included missing benefits in the months leading up to first birthday, under-redemption (<75%) of WIC benefits, and English language preference.

Efforts to Improve the WIC Experience and Address Participation/Retention

Overall, state and local agencies have been working to improve participant retention, including the retention of children 1-4 years. To address clinic service issues, agencies have implemented messaging platforms for appointment reminders, education and breastfeeding support (Colorado WIC Program, 2015; Vermont State WIC Program, 2017; Whaley et al., 2017), as well as mobile phone applications for assistance in shopping, appointment reminders, keeping track of WIC foods, and nutrition education (Brusk &

Bensley, 2016; Hull et al., 2017). Indeed, many clinics already provide appointment reminders and other basic communications to participants via text message and this has largely been well-received by both staff and participants. Texting provides an opportunity to expand communications as well as answer follow-up questions and schedule appointments between clinic staff and WIC participants via two-way text messaging, which has been piloted by the Oregon State WIC Program (Neuberger, 2017).

The Colorado WIC Program (2015) piloted a quasi-experimental study to evaluate the impact of texting on participation and recertification. Clinics were assigned to one of three separate groups: control, which did not implement the texting program; basic innovation, which implemented appointment reminders by text; and augmented innovation, which implemented additional information about WIC benefits by text, in addition to appointment reminders. Scheduling practices (standard (three months in advance) versus same/day scheduling (same day or next day when the previous 3 months benefits have expired)) were also examined. Augmented innovation text messaging was found to have the greatest impact on retention on multiple measures including enrollment, recertification and reinstatement in pilot WIC clinics, especially those with standard scheduling. Same/next day scheduling clinics with augmented text messaging also saw improvement in retention but not statistically significant improvement. Basic innovation texting did not result in any improvement in retention.

To address transportation and competing time barriers, agencies have moved WIC into non-traditional spaces (shopping malls, homeless shelters, etc.), created mobile WIC clinics to reach rural areas (Virginia WIC Program, 2017; Rodriguez, 2018), and created partnerships with other services which support child development, such as Head Start and daycare/pre-school programs, organizations which support families (e.g., religious organizations), and others, including state and federal programs (e.g., Medicaid). Outcome evaluations for some of these strategies are pending.

To address perceptions and misperceptions about the focus of the WIC program other than pregnancy and infancy, marketing and outreach initiatives have been developed. The Illinois "WIC to 5" strategy (Illinois AAP, 2015), is a good example of this type of approach. It emphasized 5 key messages, "Save, Nourish, Grow, Connect and Learn", to emphasize that WIC strives to help clients address their needs from the woman's pregnancy through the child's pre-school years. Outcome evaluation of this program is pending.

Research has confirmed that online education and mobile applications are acceptable and accessible to WIC participants (Hull et al., 2017; Au et al., 2016; Bensley et al., 2014). In response to this, states have developed both online and mobile tools to provide participants additional options for managing their WIC experience, particularly in the areas of nutrition

education and grocery shopping, with sites like WIChealth.org or the WIC Shopper mobile phone app. The WIChealth.org online nutrition education tailors nutrition education to the user's interest has been shown to be effective at facilitating health behavior change, such as increasing fruit and vegetable intake (Bensley et al., 2011). Users of wichealth.org can access the modules through a computer or any mobile device and upon completion have their benefits remotely loaded to the EBT card (Bensley et al., 2014). However, mobile apps and online technology have their limitations. For instance, the Children Eating Well mobile app pilot study reported some challenges for parents, including "technical problems with their phone, the app not working properly on their phone, challenges in understanding how to use the app, forgetting that the app is on their phone, and lack of interest," (Hull et al., 2017).

Importantly, the development and application of new tools is core to quality provision of WIC services and likely to address barriers to retention. Adoption of new management information systems (MIS) has enabled WIC state agencies and local agencies to enhance administration, financial reporting and electronic benefits transfer (EBT) as well as management of client services from scheduling to education. Moreover, the MIS at the local WIC agency level represents an extensive but underutilized participant database that can identify participants at high risk of early termination and inform policy and practice strategies to improve retention.

HPRIL Focus

Despite extensive literature reporting on barriers to participation and a range of tools directed at the WIC population, to our knowledge, the use of MIS data has not been employed systematically to more clearly define the problem nor been used to inform local strategies to identify participants at risk of early termination from WIC. Many MIS reporting systems have been updated and permit the use of onsite data to assist in real-time identification of participants at risk of early termination due to missed appointments and non-redemption of benefits. Use of MIS data will permit local agencies to be more proactive in designing and evaluating strategies to retain participants at risk for early termination.

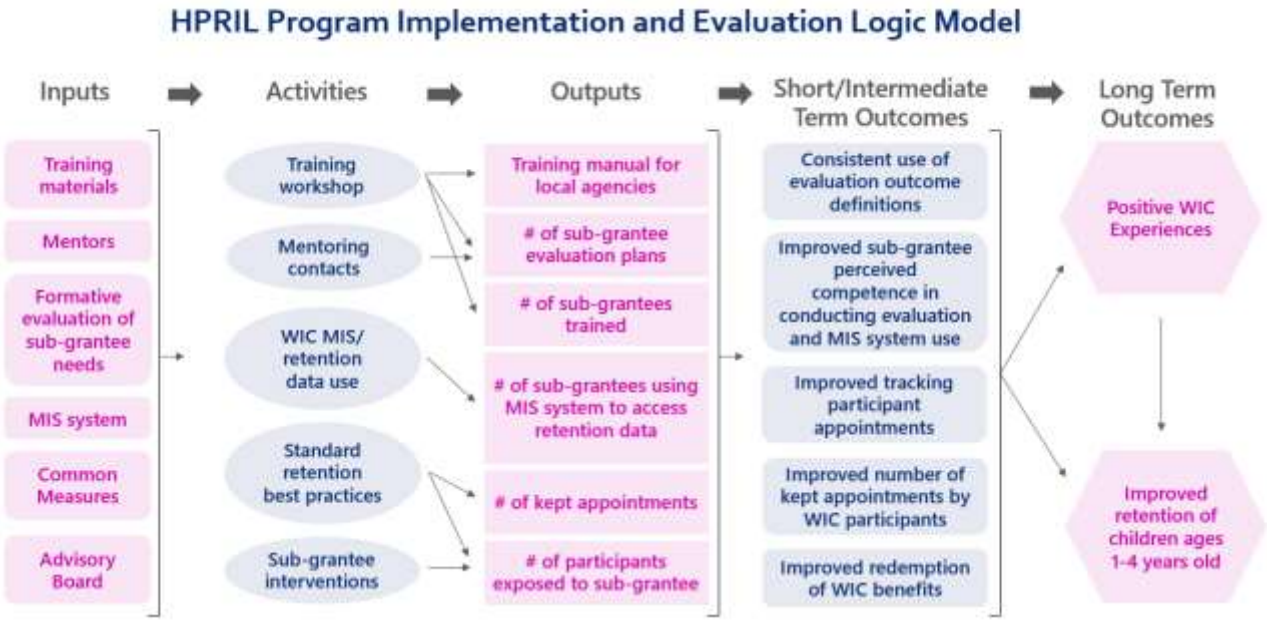
The MIS system allows for the opportunity to identify and pinpoint gaps in service, test innovations and harvest data to evaluate outcomes within a framework that is cost-neutral and scalable nationally. This has been demonstrated in WIC-related research focused on retention and is underscored by Whaley et al. (2017), Colorado WIC (2015) and Sekhobo et al. (2017). While MIS are relatively new and vary by state, they can be exploited as a tool for evaluating WIC service delivery improvements.

The focus of HPRIL is to maximize the use of the information contained in the WIC MIS platform to identify children 1-4 years of age at risk for early termination from the WIC

program. Supporting WIC agencies in utilizing their MIS for identification of participants at risk for early termination is consistent with an identified national priority to improve access to timely data to evaluate the impact of WIC services and leverage best practices across State agencies (Geller et al., 2016). Moreover, WIC State and local agencies are interested in moving from reactive standard reports to proactive data analytics. To do this, State and local agencies must work with MIS and system reports to understand the potential of the system to improve their work and inform policy decisions on a local and state level.

HPRIL will solicit proposals from local WIC agencies that will use MIS data to help identify the population at risk for prematurely withdrawing from WIC and to evaluate the impact of their innovative tool. HPRIL will support them in the design, execution, and evaluation of their project and dissemination of their findings. Additionally, a final product of this program will be a manual for other WIC agencies on how to harness the power of their MIS to conduct this type of work, thus multiplying the reach and capacity-building of this USDA/FNS investment in WIC-related research.

The HPRIL logic model outlines the framework for overall project implementation and evaluation. A logic model is a chart visualizing how the project will work, including inputs/resources, outputs, and outcomes. It provides a foundation for implementing and evaluating a project.



The following chart provides an overview of HPRIL and local agency implementation and evaluation roles post-award:

HPRIL will:	**Local Agencies will:**
Provide training and technical assistance to develop and strengthen implementation and evaluation plans, including data collection instruments	Develop implementation and evaluation plans
Provide opportunities for ongoing TA throughout project implementation period	Implement the intervention and customer service best practice activities
Receive MIS and other de-identified data from local agencies	Collect relevant MIS and other process and outcome evaluation data and send it to HPRIL, de-identified
Provide training and technical assistance on analyzing process and outcome evaluation data	Work with HPRIL to analyze own agency's process and outcome evaluation data
Perform some of the data analysis for one or more local WIC agencies as needed	Request additional assistance with data analysis, if needed
Provide training and technical assistance on interpreting data and sharing results	Interpret data and share results
Collectively analyze evaluation data from all projects in a cross-project evaluation and share results	

Nature and Purpose of the Award

HPRIL will select, fund, and support 3-5 local WIC agencies to implement and evaluate innovative tools to address the problem of declining rates of retention of children ages 1-4 in the WIC program. Retention is defined as timely recertification during the project period, which is measured by recertification within 14 months.

Target Population: Agencies must identify a target population within children ages 1-4 at risk for not recertifying in a timely manner. Agencies may choose to target retention of a particular age group like 2-year-olds or 1-4-year-olds as a whole. Agencies are expected to include evidence from their MIS data to support the selection of their target population. Data should include rates of retention for all children ages 1-4, rates of retention for their target population and any relevant retention risk indicators from MIS data. Agencies should also include any additional relevant data that is not a part of the MIS system to support their decision to focus on this target group. We also recognize that local agency staff wisdom is not always reflected in data but can offer valuable insights on a problem facing clients or groups of clients. Any relevant local agency staff wisdom to support the decision to focus on the target population and address their challenges should be included.

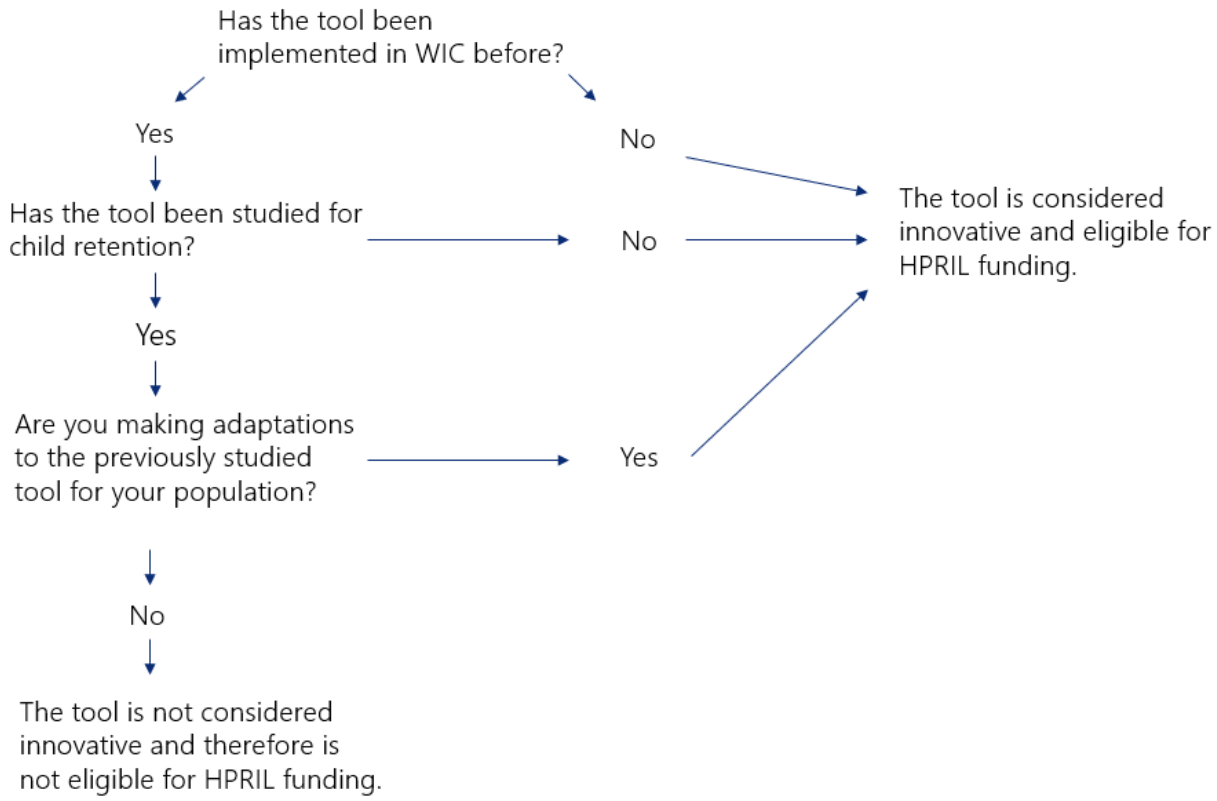
The following examples show some of the different ways you can use MIS and other supporting data and local agency staff wisdom to select your target population.

Examples
You are a large urban agency with 12 clinics. You look at your MIS data and notice that your child participation rates drop substantially at 2 years old. In recent years, you have focused efforts on child retention initiatives, and while you have successfully improved the number of children who recertify at age 1, you are still struggling to get families to recertify when their child turns 2-years-old. You also notice that two of your clinics have much larger drops in certification at 2-years-old than the others. When looking at your data for families with children who did not recertify when their child turned 2-years-old in these two clinics, you notice, many had unredeemed or under redeemed benefits in the previous quarters. Frontline staff also report that many families in these clinics have complained to WIC about how bad the shopping experience is for them, especially that they feel stigma and shame during the experience.
You are a small rural agency with 3 clinics in 3 different counties. You look at your MIS data and notice that you have fewer 3-year-old and 4-year-old participants combined than the number of 2-year-old participants in your agency. You regularly do customer satisfaction surveys with your clients, and while they are generally satisfied with the service at the WIC clinic, they note that getting to the clinic for a scheduled appointment can be challenging. Frontline staff already send appointment reminder text messages and make follow-up calls for missed appointments, but the combined day-of cancellation rate and no-show rate is still 30%. As a result, you have reason to believe that this transportation could be impacting your older child participation rates.
You are a suburban agency. You look at your MIS data and notice a pattern. Many children ages 1-4 who participate in the program have a mom and/or baby sibling who also participates in the program. Many of the children ages 1-4 who dropped out of the program dropped out when they were the only person enrolled in WIC from their family.

Innovative Tool: Agencies must identify and implement an innovative tool that will attempt to address one or more risks or reasons for early termination and improve retention rates in their target population. A tool is defined as a physical or digital product, instrument, skill, method, or protocol to carry out a particular function. For this project, tools must be aimed at improving program management, clinic services, or retail services to create positive experiences for WIC participants. Tools must also be innovative and logically link to possible impact on child retention.

What's considered innovative? Given the short duration of the project period, agencies should focus on "mashup innovations" (IDEO U, 2015) meaning using existing tools in new ways or with new populations. Tools proposed should fall under one of three categories: 1) existing tools that have not yet been evaluated for impact on retention, 2) tools that are minimally adapted from existing ones, or 3) new tools inspired by an analogous service with reason to believe it could help WIC retention. Please consult figure 1 for more details about what is considered innovative and therefore eligible for HPRIL funding.

Figure 1. Is my tool innovative and therefore eligible for HPRIL funding?



All tools will need to be implementation-ready by the end of the 3-month planning phase of the project. Funding will not be available for new tool development. But, up to 10% of funding can be used to adapt existing tools as long as the adaptation is completed within the 3-month planning phase. Permissible use of funds could include adding a feature to an existing App, adapting a customer service curriculum to target your vendors, modifying your WIC outreach materials to target physicians, modifying one or more components of your nutrition education curriculum to be culturally tailored to your target population, or modifying a text messaging system to meet your population and agency needs. Creating an App, curriculum, or software from scratch would not be a permissible use of funds as successfully completing such a project within the 3-month planning phase would be difficult.

The following are examples of appropriate innovative tools. This list is meant for illustrative purposes only and does not indicate that only these topics will be considered in the competition. Tools must also meet innovative criteria noted above.

Context	Type of Innovation	Tool Examples
Management Innovations	Streamlining and Modernizing Enrollment and Eligibility	• Cross-enrollment between other state and local programs • Online eligibility check, enrollment, and document processing
	Expanding and Leveraging Partnership Networks	• Co-location of WIC and other services • Enhanced referral systems, i.e. training program for physicians on WIC and making referrals to WIC
	Brand Awareness	• Education campaigns emphasizing that WIC goes to age 5 and/or the benefits of WIC beyond infancy
	Experience Automation with Technology	• Scheduling apps • Text messaging systems • Self-service check-in
Clinic Innovations	Service Delivery in Non-traditional Settings	• TeleWIC • Mobile/Travelling WIC or pop-up clinics in community settings • Online and/or Text-based nutrition education programs* • On-demand WIC, which could involve teleWIC, online nutrition education, scheduling, and other components of the WIC service
	Ease of Experience	• Clinic flow redesign to reduce burden on participants and appointment times • Hybrid of in-clinic and online/app-based services
	Enhanced Services	• Cooking classes • Wellness activities • Shopping tours • Concierge services like partnering with another entity to provide rides to and from the clinic or establishing a peer counselor program or a peer social media group for WIC food shopping and meal planning tips
	Incentives and Loyalty Programs	• Rewarding participants for coming to WIC with low-cost incentive items and/or events, following FNS allowable cost policy
	Customer Service	• Developing and implementing a customer service training program*
	Personalization	• Adapting one or more components of your nutrition education curriculum to be culturally tailored to your target population*
Retail Innovations	Customer Service	• Developing and implementing a retail customer service program *

		• In-store visual cues or employee protocols signaling that WIC participants are valued customers
	Ease of Experience	• Making it easier to know which foods are WIC-approved with an app* • In-store signage, product placement, and other visual cues to find WIC foods more easily • Apps* with information about current benefits and other engaging functionalities like recipes and related shopping lists for corresponding WIC and non-WIC foods
	Benefit Redemption Through Non-traditional Channels	• Online platform/app* for WIC food ordering with delivery or pick-up • Curated bundles of WIC items with accompanying recipes in-store or with an online order and delivery/pick-up • Pop-up markets onsite at clinics or in other community settings
	Component Branding	• Branding WIC foods as desirable, so WIC is more likely to be perceived as desirable

* Creating an App, curriculum, or software from scratch would not be an allowable use of funds. Adaptations that can feasibly be completed during the 3-month planning phase are permissible.

Implement/Monitor Customer Service Activities: In addition to implementing an innovative tool, funded local agencies will be required to implement/monitor customer service best practice activities that are common across all sub-grantee projects. Monitoring these customer service best practices will provide a baseline level of service for all funded agencies and ensure the cross-project HPRIL evaluation is robust. Agencies must describe current customer service best practice activities in the Local Agency Context portion of their proposal, which will detail what daily activities the agency is currently implementing as well as provide a discussion of their capacity and willingness to implement additional activities (if needed) as part of this project. Activities include but are not limited to reminder phone calls and/or text messages for appointments, follow-up phone calls and/or text messages for missed appointments, same day appointments, and staff training on customer service. HPRIL will select the common best practices that funded agencies will be required to implement post-award based on what they learn about current practices and capacity of agencies to implement new practices.

Implementation and Evaluation Plan:
The HPRIL Team will provide training and technical assistance to funded agencies on detailed project implementation and evaluation planning and work with them to finalize the design, methods and tools for both a process and outcome evaluation for their project. Process evaluations determine whether project activities have been implemented as intended. Outcome evaluations determine whether the project has impacted the target population and achieved or made progress towards its desired outcome of child retention. In their proposals, agencies should propose how they plan to introduce the innovation into

the WIC (or appropriate) setting and how they would evaluate it to make sure it is implemented as intended and for its effect on the child retention problem they seek to address.

Provided below are implementation and evaluation design options that agencies may want to consider in their proposals. As a target sample size, at a minimum, a local WIC agency must have at least 500 children in their target population. For small agencies, this sample size may be achieved through the formation of a consortium of local agencies with similar populations and challenges.

Evaluation Design	Description	Agency Details
Non-experimental Design: Clinic(s) Pre/Post Evaluation Within the Same Local WIC Agency	The agency implements the innovative tool to affect the target population in one or more clinics. Data is collected before implementing the innovative tool and after Implementation.	• At least 500 children are in the target population • Retention data and any other data relevant to the project will be collected before and after the implementation period
Non-experimental Design: Clinic(s) Pre/Post Evaluation Within a Consortium of Local WIC Agencies	Two or more agencies implement the innovative tool to affect the target population in two or more clinics. Data is collected before implementing the innovative tool and after implementation.	• At least 500 children are in the target population • Retention data and any other data relevant to the project will be collected before and after the implementation period
Quasi-Experimental Design: Intervention and Comparison Clinic(s) Evaluation Within the Same Local WIC Agency	One local agency implements the innovative tool to affect the target population in one or more clinics. These are the intervention clinics. There are also one or more clinics in its network that do not implement the innovative tool to affect the target population. These are the comparison clinics. Data are collected before implementing the innovative tool in both intervention and comparison clinics and after implementation.	• At least 250 children are in the target population at the intervention clinic(s) and at least 250 children are in the target population at the comparison clinic(s) • Intervention and comparison clinics should have roughly similar demographic makeup, baseline existing customer service best practice activities, and retention data trends • A staff member should deliver services exclusively at the intervention clinic(s) or the comparison clinic(s) during the project period; staff should not be rotating between intervention and comparison clinics during the project period • Retention data and any other data relevant to the project will be collected

		before and after the implementation period
Quasi-Experimental Design: Intervention and Comparison Clinic(s) Evaluation Within a Consortium of Local WIC Agencies	Two or more local WIC agencies come together to implement the innovative tool to affect the target population in one or more clinics. These are the intervention clinics. There are also one or more clinics in the consortium network that do not implement the innovative tool to affect the target population. These are the comparison clinics. Data are collected before implementing the innovative tool in both intervention and comparison clinics and after implementation.	• At least 250 children in the target population at the intervention clinic(s) and at least 250 children in the target population at the comparison clinic(s) • Intervention and comparison clinics should have roughly similar demographic makeup, baseline existing customer service best practice activities, and retention data trends • A staff member should deliver services exclusively at the intervention clinic(s) or the comparison clinic(s) during the project period; staff should not be rotating between intervention and comparison clinics during the project period • Retention data and any other data relevant to the project will be collected before and after the implementation period
Other Designs	Varies	• Substantial prior experience with implementing new tools and evaluating them • For experimental designs, the innovative tool must be implementation-ready before the project period starts, the implementation period must run for 14 months+, the agency or consortium must have at least 2,500 children in their target population to recruit from, the agency or consortium must be able to collect and report on demographic and family data, agency must be capable of completing own data analysis, and data analysis must happen on an accelerated timeline

Data Collection:
The main outcome of the project is retention of participants ages 1-4, defined as recertification within 14 months, and must be measurable using the agency's MIS system. The following MIS data are required to be reported throughout the project period and is consistent with WIC minimum reporting requirements:

- Retention of participants ages 1-4 in total
- Retention of individual age groups
- Benefit issuance data for all children ages 1-4

The following MIS data is optional but should be reported throughout the project period, if it is relevant to the proposed project and accessible to the local agency:

- benefit redemption
- kept appointments
- socio-economic and/or demographic characteristics
- nutrition risk priority level
- nutrition education participation
- breastfeeding status
- household size
- other data of interest (e.g., other family members enrolled in WIC, work status of mother of child), as specified by the applicant

Funded agencies will also collect process data as they are implementing their innovative tools. For example, if your innovative tool is a customer service curriculum for vendors, you may collect data on the number of WIC staff trained to deliver the curriculum and the number of vendor staff who complete the training. Agencies may also choose to collect customer satisfaction data using any number of data collection methods, including customer satisfaction surveys, interviews, or focus groups. HPRIL will provide training and technical assistance on developing and implementing data collection instruments like surveys, interview guides, and focus group questions.

Funded agencies will also be asked to provide HPRIL with a de-identified data set with required data from their MIS for this project. De-identified data are data that do not identify an individual by any personally identifying information (for example: name, date of birth, client #, address, phone number). Such a dataset would limit the ability to identify individuals. HPRIL will provide training and technical assistance on how to de-identify and transfer data. HPRIL will analyze data in aggregate.

Formalized Relationship with State Agency:
Given the data collection and reporting requirements, local agencies must be able to obtain MIS data and/or reports with the assistance of their State agencies (if necessary) in a timely manner. They must formalize this relationship and their respective responsibilities with a letter of commitment from the State agency stating their agreement to provide the data needed in a timely manner to be submitted as part of the application package. We encourage applicants to reach out to their State agency early in the application period and to identify a liaison at the State who will work with them on the project.

As part of the application, agencies are asked to complete and submit an attachment which describes their MIS system, the type and frequency of reporting they are familiar with, and their general capacity for working with the MIS (Attachment 1). This form is not scored during the review process.

Data Analysis:
HPRIL will provide training and technical assistance to local WIC agencies on analyzing their MIS and other data to evaluate their innovative tools and will assist agencies with data analysis as necessary. Prior evaluation and data analysis experience among agency staff is not required for this project; funds may be allocated for a local data analysis consultant.

Other Awardee Activities:
Finally, HPRIL sub-grantees must be willing to participate in various activities throughout the award period. These include: 1) attending an initial training workshop to be held in Baltimore, Maryland soon after the project is awarded; 2) participating in monthly grantee technical assistance conference calls following a collaborative innovation learning model (CoIN); 3) attending a final reporting workshop to be held at USDA/FNS and 4) completing quarterly progress and financial reports and a final report within two months of the end of the project funding period. Funded agencies will budget for and use project funding to support travel to required workshops.

Award Details:
The total funds available for this initiative are $750,000. Up to five projects of up to $150,000 total costs each will be awarded funding on a competitive basis. State, regional, and local diversity will be considered when awarding funds to ensure representation of as many unique approaches and populations as feasible. The project award will be provided for 18 months, which will include planning (up to 3 months), implementation (12-14 months) and evaluation (2-3 months) phases. Applicants must be a WIC local agency/or consortium of local WIC agencies in the United States, an Indian Tribal Organization (ITO) WIC Program, or a U.S. Territory WIC Program.

Training and Technical Assistance from HPRIL

Throughout the proposal development process and the project period, the HPRIL team will provide training and technical assistance opportunities related to project planning, implementation and evaluation. Here is a schedule of tentative dates of opportunities. We will post any updates to the project website, which will serve as a hub for project information, training, and technical assistance. You can access the project website here: **https://www.jhsph.edu/hpril**

Proposal-Writing Training and Technical Assistance:

Date	Training/TA Opportunity	Description
March 29, 2019 2:00 p.m. – 3:30 p.m. EST	RFP Webinar	Live webinar providing an overview of the project, sub-grantee expectations, and application requirements; recording posted to project website
April 16, 2019 3:00 p.m. – 4:00 p.m. EST	Q&A: Attachments	Up to 1-hour live Q&A session to ask questions; may submit questions to be addressed on the call beforehand; session will be recorded and posted to the website
April 17, 2019 3:00 p.m. – 4:00 p.m. EST	Q&A: Local Agency Context	Up to 1-hour live Q&A session to ask questions; may submit questions to be addressed on the call beforehand; session will be recorded and posted to the website
April 18, 2019 3:00 p.m. – 4:00 p.m. EST	Q&A: Project Goals/Objectives and Description of Proposed Innovative Tool and Implementation Plan	Up to 1-hour live Q&A session to ask questions; may submit questions to be addressed on the call beforehand; session will be recorded and posted to the website
April 23, 2019 3:00 p.m. – 4:00 p.m. EST	Q&A: Evaluation Approach	Up to 1-hour live Q&A session to ask questions; may submit questions to be addressed on the call beforehand; session will be recorded and posted to the website
April 24, 2019 3:00 p.m. – 4:00 p.m.	Q&A: Timeline and Budget	Up to 1-hour live Q&A session to ask questions; may submit questions to be addressed on the call beforehand; session will be recorded and posted to the website
April 25, 2019 3:00 p.m. – 4:00 p.m.	Open Q&A session	Up to 1-hour live Q&A session to ask questions; may submit questions to be addressed on the call beforehand; session will be recorded and posted to the website
May 8, 2019 3:00 p.m. – 4:00 p.m.	Open Q&A session	Up to 1-hour live Q&A session to ask questions; may submit questions to be addressed on the call beforehand; session will be recorded and posted to the website
May 15, 2019 3:00 p.m. – 4:00 p.m.	Open Q&A session	Up to 1-hour live Q&A session to ask questions; may submit questions to be addressed on the call

		beforehand; session will be recorded and posted to the website
Ongoing	FAQs	Prospective applicants can email questions to hpril@jhu.edu, and the HPRIL team will post answers to questions on the project website for all to see

Training and Technical Assistance for Sub-grantees:

Date	Training/TA Opportunity	Description
September 2019	Kick-off workshop	Approximately 2-day workshop to strengthen sub-grantee intervention and evaluation plans
November 2019	TA on intervention and evaluation plans	HPRIL will work with sub-grantees to finalize and approve intervention and evaluation plans before sub-grantees enter the implementation phase
Monthly, October 2019 – April 2021	Monthly COIN Calls	HPRIL will host monthly calls with all sub-grantee agencies as an opportunity for sub-grantees and HPRIL to regularly connect, share successes and challenges, and troubleshoot issues. Calls may be topic-specific to build capacity among sub-grantees
Ongoing	Individual TA	HPRIL will provide individual TA on developing data collection instruments and analyzing data, among other needs that may arise

Important Dates

Registration for HPRIL Grants Submission Platform: (three days prior to Application Due Date): On or before May 21, 2019
Application webinar: March 29, 2019
Q&A Period: March 29, 2019 – May 15, 2019
Applications Due: May 24, 2019
Award Notification Date: July 12, 2019
Award Start Date: As early as August 1, 2019, defined by sub-grantee and contingent on signing contract
Award Period: August 2019 – April 2021, dependent on award start date
Training Workshop: Mid-September 2019
Final Reporting Workshop Date: September 2021

Eligibility

Applicants must be a WIC local agency/or consortium of local WIC agencies in the United States, an Indian Tribal Organization (ITO) WIC Program, or a U.S. Territory WIC Program. Key project personnel must include a project director with a track record of well-managed projects and someone on staff responsible for working with the state/vendor to obtain MIS

data and transferring it to HPRIL. Agencies must complete *Attachment #1: MIS Reporting Capabilities* and demonstrate that they will be able to provide a data set to HPRIL for the required MIS variables by generating the reports themselves, obtaining them from the state agency, or obtaining them from the vendor. A letter of commitment from the State Agency to support local agencies to obtain their data is also required. Finally, agencies must also meet all assurances in *Attachment #2: Assurances*. Only one application per agency will be considered.

The specifications in this RFP meet the contractual requirements of JHU and the USDA/FNS and all relevant federal agencies.

Registration for HPRIL Grant Submission Platform

A non-binding email or telephone communication to register for the HPRIL grant submission platform is highly recommended on or before May 21, 2019. The email should be sent to Martelle Esposito at hpril@jhu.edu and include the following:

Name, email address, and telephone number for the Project Director
Name of Agency
Name and email of individual who will upload the application (if different)

By communicating with HPRIL prior to the deadline, we will create a unique electronic box (within JHBox) for you to securely upload your application. The proposal is to be **uploaded in JHBox by 11:59 pm EST on May 24, 2019**.

Non-electronic submissions will also be accepted. Please contact Martelle Esposito at hpril@jhu.edu to alert HPRIL to expect such a submission. The application must be **postmarked on or before May 24, 2019**. Mail to:

Johns Hopkins Bloomberg School of Public Health
Department of Population, Family and Reproductive Health
Martelle Esposito – E4031
615 N. Wolfe Street
Baltimore, MD 21205
410-502-0692

Proposal Requirements

The proposal must be in 12-point font, have 1-inch margins, be single-spaced, and include the following components:

1) Title page/cover sheet: Use the template provided and include the following information: title of project, name of agency, Project Director and project team, collaborations/collaborating institutions (if applicable), contact information, and total budget request.

2) Project summary: (1 page) Provide a summary of each of the sections below in one page or less.

3) State or local agency context (1-2 pages)
   Briefly describe your local agency organization(s), client population(s) and the local problem as it relates to child retention. Describe your target population at risk for not recertifying in a timely manner and provide evidence to support the selection of this subgroup. Describe the data sources and/or steps taken to understand retention issues in your agency and arrive at this subgroup target. Describe how the utilization of your agency's participant administrative MIS data contributed to the identification of the problem. Also, include any other data and local staff wisdom that supports the decision to focus on this population and their challenges.

   This section should also include a description of any current clinic customer service activities and discuss the agency's willingness and capacity to implement other customer service activities during the project period in addition to their innovative tool. Clinic customer service activities include but are not limited to: appointment reminders; missed appointment follow-up; scheduling walk-ins or same-day or next-day appointments; alternatives to bringing paper documentation in person; accept electronic eligibility documents; 30-day temporary eligibility approval; customer-service themed staff training; participant-centered communication; counseling with reflective listening.

   This section should also include a description of your agency's MIS reporting capabilities, referencing Attachment #1. And, it should describe any other activities or projects that the agency is engaged in or will be engaged in that could impact child retention.

4) Project goals and objectives (Up to 1 page)

Define clearly the goals and objectives of your project, and link these to the local context and child retention. Select the implementation and evaluation design from the options provided in this RFP for the design that you think makes most sense for your project and describe why you think that design is a good fit. Define your objectives for evaluating the implementation of your innovation in the WIC setting, and for its impact on child retention. Demonstrate responsiveness to HPRIL's focus and purpose. All goals should include objectives that are SMART (specific, measurable, achievable, realistic, time-bound).

5) Description of the proposed innovative tool (1-2 pages)

Identify your tool and describe its purpose, including how it will address the problem and relate to child retention, linking it to the project goals and objectives. Provide additional details about:

- How the tool is culturally and socially sensitive and relevant to your target population.
- The potential impact of the tool on WIC participant experiences in WIC service delivery sites and/or retail environments.
- How it is innovative. Is it an existing tool that has not yet been evaluated for impact on retention? Is it a tool that will be minimally adapted from an existing one? Is it a tool borrowed from another discipline or industry with an analogous experience?
- The stage of development of this type of intervention, including a description of peer-reviewed and emerging evidence in public health and other disciplines.
- How you plan to adapt (if applicable), pilot-test, and refine your tool during the 3-month planning phase before implementation.
- Key partner engagement that will contribute to the success of your project.
- The generalizability and scalability of the strategy to other WIC agencies.
- How the tool is relatively cost-neutral to sustain once implemented.

6) Description of the implementation plan (1-2 pages)

Describe how you will implement your tool. Include the following in your description:

- The appropriate environment for implementation (e.g., clinics, retail)
- Various implementation steps such as training, and rollout, resources, management, and oversight. These steps should also be included in your timeline.
- The feasibility of implementation in your Agency during the project period.
- Key staff, their expertise, and how they will contribute to successful implementation of the project, referencing the resumes.

- How you will incorporate or sustain and monitor clinic customer service activities (in addition to implementing the innovative tool) throughout the project.
- Key partner engagement that will contribute to the success of your project.
- How you will sustain the implementation of the tool beyond the project period.

7) Description of the evaluation plan (1-2 pages)
   Please describe your agency's intended approach to evaluating your innovation and its outcomes on child retention. Please include the following:
   - Describe your agency's capacity for collaborating with HPRIL on an evaluation, including any previous evaluation activities, current evaluation capabilities, previous collaborations with evaluators, and previous experience implementing tools.
   - Describe current agency data collection and analysis capabilities and any planned or needed capacity-building activities to contribute to successful implementation of the project, including but not limited to partnering with other organizations, hiring or contracting with a data analyst, purchasing data analysis software, and assigning staff to work on obtaining MIS data from the state Agency.
   - Describe the plan for your evaluation, including plans for how you will determine whether project activities have been implemented as intended (process evaluation) and whether the project has impacted the target population and achieved or made progress towards its desired outcomes (outcome evaluation). These should be consistent with your project's goal and objectives.
   - Describe the data you plan to collect to answer these questions and how you plan to collect it, for example with your MIS reports, with surveys, through interviews or focus groups.
   - Describe data quality, any current data issues or concerns, and how you will maintain data quality and integrity of all data and analysis.
   - Describe how you envision HPRIL can support your project's implementation and evaluation activities including data analysis needs.

8) IRB If applicable, please describe the Internal Review Board (IRB) process for your agency, and include the names of IRB(s), time to obtain approvals, and other pertinent information.

9) Timeline (1-2 pages)

A detailed timeline for the project to demonstrate feasibility of the project and commitment to HPRIL joint activities is required. Include timing of technical and financial reporting, initial training workshop, final presentation workshop, and other project implementation milestones and deliverables. Use the attached HPRIL Sub-grantee Project Timeline Template to map out these project milestones and deliverables over the 18-month project period. Milestones/deliverables include major events like training workshops, completion of major documents like quarterly reports, and completion of major processes like hiring new staff. List each milestone/deliverable and identify the months you will work on activities related to that milestone.

10) Attachment 1: MIS Capabilities Complete and include with your proposal submission.

11) Attachment 2: Assurances Complete and include with your proposal submission.

12) Resumes

Documentation of expertise of Project Director and other key personnel to carry out the project must be provided. Attach resumes with your proposal submission. Prior evaluation experience is not required.

13) Letter of Commitment

A letter of commitment from the appropriate state WIC Agency stating their agreement to provide the data needed in a timely manner is required. A sample letter is provided. Also include letters of support from other collaborating partners as they pertain to your application.

14) Budget and Budget Justification

See budget guidance and sample budget provided later in this RFP. Funds may not be used to create an app, software, or curriculum from scratch. Funds may not be used to fund core local WIC agency activities. Funds may not be used to pay current WIC State agency staff already paid through a State agency WIC (operational) grant. State staff may offer in-kind support. Funds may be included to provide State agencies with funding to support any MIS vendor fees; these funds should be noted in the "consultant cost" budget category. Johns Hopkins will work with the State agency to directly reimburse them for this cost.

Review Process

A panel of approximately 5 external reviewers will be assembled to review and score each proposal, with respect to the following selection criteria. Reviewers will be a group of professionals who have experience and expertise in WIC, program development, communication technology, and evaluation. They will be recruited from state and local public health agencies, national organizations, academic institutions, and non-profit organizations. Projects will be selected for funding by the HPRIL team based on a combination of reviewer scores and geographic and population diversity. All applications will be prescreened for completeness, eligibility, and relevance.

Review Criteria

Screening Questions:

Is the applicant a local WIC agency/or consortium of local WIC agencies or an ITO or U.S. Territory without local agencies?

- Yes: proceed with review
- No: application is eliminated

Does the application contain all required components, including a letter of commitment from the state agency? And, was it submitted by the due date?

- Yes: proceed with review
- No: application is eliminated
- *If the application is missing 1 document, the LA will be notified, and they will have 24 hours to submit the missing document. Missing more than 1 required document is grounds for elimination

Does the application address child retention?

- Yes: proceed with review
- No: application is eliminated

Is the applicant able to meet all assurances demonstrated by checking all items on Attachment #2?

- Yes: proceed with review
- No: application is eliminated
- *If the applicant is missing 1 assurance, follow up with them to discuss to see if it is grounds for elimination or if a work-around could be made

Does the applicant demonstrate the ability to report required MIS data to HPRIL as outlined in Attachment #1?

- Yes: proceed with review
- No: application is eliminated

Scoring criteria:

Total Possible Point Value	**Criteria**	**What are we looking for**
20 points	Local Agency Context, Goals and Objectives	Clear description of the organization, client population and the local problem as it relates to child retention; makes compelling case for target population selected, including using MIS and other data and local staff wisdom and/or steps taken to understand agency-specific retention issues Clear description of current customer service practices and willingness and capacity to implement other activities as well as a clear description of MIS data reporting capabilities Discusses any other activities the agency is engaged in that could impact retention Includes both process and outcome objectives; objectives are relevant; objectives are SMART Clearly describes their implementation and evaluation design selection and how it is a good fit for their agency
30 points	Relevance, Innovation, and Significance of Tool	Clear description of the innovative tool and its purpose-- how it will address the problem in the target population, linking to the goals and objectives; clear description of the potential impact of the innovative tool on WIC participant experiences in WIC service delivery sites and/or retail environments; demonstrates that the intervention is culturally and socially sensitive and relevant to your target population Clearly describes a tool new to WIC or that has not been studied for retention in WIC before; makes a compelling case for how it is innovative in WIC and provides a clear background on its stage of development based on peer-reviewed and emerging/grey literature in public health and other disciplines or industries; describes any key partner engagement relevant to the innovation; clearly describes plans for any proposed tool adaptation, pilot-testing, and refinement within the 3-month planning phase before implementation Demonstrates the project is relatively cost neutral to sustain once implemented, and is generalizable and scalable to other WIC agencies

30 points	Implementation Feasibility, including Implementation Plan, Budget & Justification, Personnel, and Timeline	Clearly describes how the innovative tool will be implemented, including the appropriate environment (e.g., clinics, retail), and various steps such as training and rollout, resources, management, and oversight; demonstrates that the innovative tool can be feasibly implemented in the agency during the project period; describes key partner engagement that will contribute to the successful implementation of the project; has a reasonable plan for implementing or sustaining and tracking clinic customer service activities throughout the project period; describes reasonable plan for sustaining the implementation of the tool beyond the project period Staffing plan is adequate, including someone whose job description includes focusing on MIS data reporting to HPRIL; attached resumes and CVs support staffing plan Budget request is reasonable for the project and within scope; form and justification completed according to HPRIL instructions Timeline includes key project activities towards achieving project objectives
20 points	Evaluation Approach	Demonstrates current capacity to collaborate with HPRIL on an evaluation; demonstrates current capacity to collect and analyze data or provides a clear description of capacity-building activities to build capacity to collect and analyze data or work with HPRIL to analyze data during the project period; describes any key partner engagement that will contribute to the success of the project Clearly describes their evaluation approach, including reasonable process and outcome evaluation questions and reasonable plan to collect minimum data requirements and any other desired data collection; provides adequate description of data quality, any current data issues or concerns, and how they will maintain data quality and integrity of all data and analysis; provides a detailed description of how HPRIL will support their evaluation activities

Title Page/Cover Sheet Template

This completed form is to be used as the cover sheet to accompany your grant submission.

Title of Project:

Type of Project (check one):

☐ Local WIC Agency

☐ Other, please specify: _____

Requested Budget:

Is IRB Approval Required? ☐ Yes ☐ No

Agency Contact Information:

Name:

Organization:

Address:

Phone:

Email:

Organizational Website:

Employer/Taxpayer Identification Number (EIN/TIN):

By signing below, I am verifying that I was involved in the development of this project, have read and approve the final proposal.

_____

Agency Authorized Signature

_____

Printed Name and Title

_____

Date

Timeline Template

Major Milestone	
Key Activities	

Year 1												
Activity												
Month Number	1	2	3	4	5	6	7	8	9	10	11	12
Quarterly progress reports to HPRIL				x				x				x
CoIN conference calls with sub-grantees (monthly)												
Sub-grantee Evaluation Plan Development												
Coordinate and conduct a web-based post-competition meeting with guidance on developing evaluation plan												
Pre- Evaluation of Training Competencies Survey Sent to Sub-grantees												
CITI Completion Certificates from sub-grantees												
Training Workshop for sub-grantees Evaluation & MIS Data in Baltimore												
Evaluation plan developed by sub-grantee with HOPKINS HPRIL												
Innovation Project Implemented												
Evaluation Plan Implemented												
Common Measures Data Collection												
Common Measures Baseline Data Due to HPRIL												
First Progress Report due to HPRIL												

Year 2										
Month Number	13	14	15	16	17	18	19	20	21	22
Quarterly progress reports to HPRIL										
CoIN Telephone/WebX conference calls with sub-grantees (monthly)										
Second Progress Report from sub-grantees										
Innovation Project Implemented										
Evaluation Plan Implemented										
Common Measures Data Collection										
Common Measures Final Database due to HPRIL										
Final Report due										
Slides for telecast webinar of sub-grantee findings due to HPRIL										
Telecast webinar of sub-grantees findings										

Attachment #1: MIS Capabilities

Instructions: Please complete this form to let the HPRIL team know of your agency's capacity to generate a data set in the form of data reports or summary of data or to obtain data and/or reports from your state agency or vendor. At a minimum, an agency must be able to provide HPRIL with data for the bolded variables for baseline and end of project reporting.

REQUIRED DATA REPORTING

	My agency can generate reports or download a data set		My agency can obtain reports or data set from the state agency		My agency can obtain reports or data set directly from a vendor		Frequency of report/data availability	Is this report available by participant category?	
	Yes	No	Yes	No	Yes	No	Daily/ Weekly/ Monthly/ Annually	Yes	No
Recertification of participants ages 1-4 years total									
Recertification by participant category									
Issuance of Benefits									

OPTIONAL DATA REPORTING SUGGESTED IF RELEVANT TO THE PROJECT AND POSSIBLE TO REPORT

	My agency can generate reports or download a data set		My agency can obtain reports or data set from the state agency		My agency can obtain reports or data set directly from a vendor		Frequency of report/data availability	Is this report available by participant category?	
	Yes	No	Yes	No	Yes	No	Daily/ Weekly/ Monthly/ Annually	Yes	No
Caseload by participant category									
Enrollment									
Participation									
Coverage									
Participants with Benefits									
Redemption of Benefits									
Number of months benefits not redeemed									
Early Termination Rate									

	My agency can generate reports or download a data set		My agency can obtain reports or data set from the state agency		My agency can obtain reports or data set directly from a vendor		Frequency of report/data availability	Is this report available by participant category?	
	Yes	No	Yes	No	Yes	No	Daily/ Weekly/ Monthly/ Annually	Yes	No
Scheduling									
Total Appointments									
Recertification appointment									
Reinstatements									
Kept appointments									
No-shows									
Completed appointments									
Participant information									
Nutrition risk priority level									
Nutrition Education Participation									
Breastfeeding status									
Demographics									
Racial/ethnic by participant category?									
TANF, SNAP and Medicaid Participation									
Family income									
Family Size									
MIS data can be downloaded to a datafile									

Please share with the HPRIL Team any nuances in your data reporting capabilities that were not captured in the chart above.

_____

_____

_____

_____

_____

_____

Attachment #2: Assurances

___ The responsible financial officer at my agency is authorized to enter into a contractual relationship with JHU and will sign the contract provided by JHU.

___ My agency has a business office with accounting staff that can send quarterly financial reports.

___ My agency can hire new staff for this project in a timely fashion, if there is funding for that position (s) through the award.

___ My agency has the capacity, and is authorized by the state, to rectify any problems related to contracting and wiring funds.

___ My agency is willing to monitor and protect participant confidentiality and privacy.

___ My agency is authorized to send two key personnel to attend mandatory training and the reporting conferences that may require out of state travel.

___ My state agency has staff and or access to the Management Information System (MIS) and will generate and provide my local agency with the data required to carry out the proposed project, if needed.

___ My state agency has the capacity and has agreed to work with my local agency and HPRIL to create the required de-identified dataset and will send the de-identified dataset to HPRIL.

Sample Letter of Commitment

May 1, 2019

Dear Dr. Paige and Dr. Caulfield,

The X State WIC agency will support Y local WIC agency with obtaining MIS data for project tracking and evaluation purposes.

We have reviewed their proposal and found it to be:

1. Consistent with the State's goals for WIC nutrition services
2. Proposing activities that would support participant retention to help meet the mission of the WIC program

State staff from the MIS team will provide in-kind support to the project by working with the vendor to obtain the data files for project evaluation. Vendor fees have been adequately estimated in the project budget, and the State will work directly with HPRIL Team to get reimbursed for these vendor fees.

Sincerely,

State Director

Budget Guidance

Each Agency will complete a standard budget form (HPRIL RFP Budget Form attached) and write a budget justification page narrative. The purpose of the budget justification narrative is to clearly explain all expenses required to achieve project goals and objectives. Ensure you provide a detailed explanation for each budget line item, such as budgeted salary percent (effort and duration), and all expenses (itemized supplies, itemized travel, consultant costs, etc.) necessary to complete your project scope of work. Please use multiple pages if necessary to describe and justify your funding request. Please include the following descriptions in your budget proposal submission:

Project Title - Please fill in the "Project Title" that best describes the project, using no more than 80 characters. This includes letters, numbers, spaces, and punctuation marks.

Budget Period – Please fill in the required specific budget period for the duration of your project. The funds are for an eighteen (18) months period with an end date no later than April 30, 2021.

Start Date – Enter the requested/proposal start date of the budget period.

End Date – Enter the requested/proposal start date of the budget period.

Personnel – Enter all persons who will be directly paid by these project funds into the budget form. This does not include individuals covered by indirect costs. Funds may not be used to fund core local WIC agency activities. Funds may not be used to pay current WIC State agency staff already paid through a State agency WIC (operational) grant. State staff may offer in-kind support. Reasonable funds may be included to provide State agencies with funding to support any MIS vendor fees; these funds should be noted in the "consultant cost" budget category and not the "personnel" budget category, and Johns Hopkins will provide these funds directly to the State.

Name – Enter the name(s) of the individuals directly working on this project. Note: the key Program Director should be listed first.

Role on Project – Enter the role/job title for each person.

% Time Devoted to the Project – Identify the % time devoted to the project for each of the personnel

Institutional Base Salary – Enter the total annual salary compensation paid by the employer for each of the personnel.

Salary Requested – Enter the salary being requested by calculating the Base Salary times the percent of effort. (Example – Base salary of $50,000 x 15% =

$7,500 divided by 12 months times 18 months = $11,250) $11,250 would be the requested salary amount.

Fringe Benefits – Enter the amount of the requested fringe benefit, if applicable for each personnel and required by your employer. Proof of the employer's fringe benefit rate should be included with the application. (Example – Request Salary of $11,250 x 34% Fringe Benefit Rate = $3,825) $3,825 would be the requested fringe benefit rate.

Total – Enter the total requested salary amount plus requested fringe benefit amount. (Example – Requested Salary of $11,250 plus Requested Fringe Benefit of $3,825 = Total of $15,075).

In your budget justification narrative, please include a description of everyone's role and how they will contribute to successful implementation of the project.

Consultant Cost – Enter the total requested consultant amount in the budget form as well as list itemized costs. In your budget justification narrative, include a description of consultant services and a justification of each line item. Reasonable funds may be included to provide State agencies with funding to support any MIS vendor fees; these funds should be included in this category.

Equipment – Enter the total requested equipment amount in the end column. The below column should be a detailed short justification of that itemized cost, and a short description of the requested equipment. Note: The budget justification should include a more in-depth description of the equipment and cost and why it is necessary to do the project. Note: The Federal definition for equipment is an article of tangible nonexpendable personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit. All requested equipment over $5,000 will require USDA/FNS sponsored approval prior to awards. Note: purchase of equipment would need to be justified; we recommend that if you intend to request equipment that you discuss this with HPRIL staff prior to submission.

Supplies – Enter the total requested supplies amount in the budget form as well as list itemized costs. In your budget justification narrative, include a justification of each of the itemized supplies. Also, general office supplies such as pens, computer paper, computer ink, etc. are not required to be itemized if amount is less than $750.

Travel - Enter the total requested travel as well as itemized costs with calculations for domestic travel, including details about destinations, number of individuals per trip, daily rates, and other related travel expenses based on the US General Service Administration guidelines. Note: The budget justification should include a more in-

depth description of the travel purposes and cost. This would include purpose of travel description, destination, if known dates/length of travel, the number of each individual for each trip, daily rates, per diem, parking expenses, etc. Please follow the US General Service Administration guidelines for calculating travel costs. See following link:
https://search.gsa.gov/search?utf8=%3F&affiliate=gsa.gov&query=mileage+rates&commit

Other Expenses - Enter the total requested other expenses amount and itemized list of costs. Note: The budget justification should include a more in-depth description of other expenses and their itemized cost. Examples of other costs are publication costs, printing/copying, webinar expenses, participant incentives, etc.

Facilities and Administrative Costs (Indirect Costs) - While we do not expect local agencies to have indirect cost rates, if you do have one established, please enter it and provide supporting documentation. Otherwise, 10% of total modified direct costs can be allocated to indirect costs." To help with completing the budget form, a sample HPRIL Budget Form has also been attached.

A Note on Unallowable Costs - Funds may not be used to create an app, software, or curriculum from scratch. Funds may not be used to fund core local WIC agency activities. Funds may not be used to pay current WIC State agency staff already paid through a State agency WIC (operational) grant. State staff may offer in-kind support. Agencies should follow FNS policy regarding any incentives and events.

Sample Budget and Justification

Program Director/Principal Investigator (Last, First, Middle): Jones, Judy

HPRIL DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY	FROM 09/01/2019	THROUGH 2/28/2021

List PERSONNEL *(Applicant organization only)*
Enter Dollar Amounts Requested *(omit cents)* for Salary Requested and Fringe Benefits

NAME	ROLE ON PROJECT	PERCENT TIME	ANNUAL BASE SALARY	18 MONTHS OF SALARY REQUESTED	FRINGE BENEFITS @ .34%	TOTAL
Judy Jones	PD/PI	7.5%	70,000	7,875	1,678	9,553
TBD	Project Manager	100%	45,000	67,500	22,950	90,450
John Smith	MIS Liaison	5%	50,000	3,750	1,275	5,025
SUBTOTALS →						105,028

CONSULTANT COSTS	
Vendor to adapt scheduling app - $14,500 Report running fees distributed to the state agency to be distributed to the MIS vendor who runs the reports - $2,000 Data analyst - $5,000	21,500

EQUIPMENT (Itemize) *Any item over $5,000 is considered equipment, and you may not include equipment costs when calculating your indirect cost amount	0
SUPPLIES (Itemize by category) Computer-$1,500 Software – $1,000 Office Supplies - $900	3,400
TRAVEL Two people to travel to attend the 2.5-day training workshop in Baltimore in September: $2759 • Round trip airfare for 2 people at $600 per fare: $1200 • Per diem for 2 people @ $71 per day ($71 *0.75 * 2 for travel days + $71*2 for non-travel days): $497 • Lodging for 2 people @ $157 per person per night for 3 nights: $942 • Transportation for 2 people @$30 per each way per person: $120 Two people to travel to attend the final 1-day meeting at FNS in Washington, DC in September: $2856 • Round trip airfare for 2 people at $600 per fare: $1200 • Per diem for 2 people @ $76 per day ($76 *0.75 * 2 for travel days + $76*2 for non-travel days): $532 • Lodging for 2 people @ $251 per person per night for 2 nights: $1004 • Transportation for 2 people @$30 per each way per person: $120	5,615
OTHER EXPENSES (Itemize by category) Printing - $500 Conference Calls - $200	700

SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD		$ 136,234
FACILITIES AND ADMINISTRATIVE COSTS (INDIRECT COSTS)	Indirect Rate allowed @ 10%	13,623
TOTAL DIRECT and INDIRECT COSTS FOR INITIAL BUDGET PERIOD		$ 149,857

Personnel

The Project Director will be responsible for overseeing the implementation of project activities and submitting technical and financial reports. Judy Jones will serve as Project Director and has 3 years

of experience as a local WIC agency coordinator and 5 years of previous management experience. She has a track record of successfully managing grants projects, including X, Y, Z.

The Project Manager will be responsible for managing the day to day activities of the project to achieve project objectives. This will be a new position hired specifically for this project. The target applicant will have had at least 2 years of program implementation and management experience or equivalent education.

The MIS Liaison will be responsible for working with the state agency to obtain MIS reports. John Smith is an operations staff member at the agency who will fill this role. He performs a variety of tasks at the agency, and he has experience with databases and transmitting data.

Consultant Costs

The project will work with X vendor to adapt their scheduling app to meet the needs of our project and population. X was chosen as the vendor because their app most closely aligned with our goal and would require minimum adaptation for our agency, making it feasible to have our version of the app finalized within the 3-month planning phase of the project. The contract is for a fixed fee of $14,500 with a guaranteed deliverable of a tailored app for our project.

The project will work with a local data analyst that the agency regularly contracts with to complete project statistical analyses. The data analyst has successfully produced statistical data for over 30 agency projects in the past. The contract is hourly and estimated at $50/hour * 100 hours for a total of $5,000.

The project will work with State agency staff to obtain reports from the State's MIS vendor, and Johns Hopkins will reimburse the State agency for the fees charged by the vendor. The fees are estimated at $100/hour * 20 hours for running reports throughout the project period.

Equipment

N/A

Supplies

A computer for the Project Manager to be able to carry out activities to meet project objectives.

Z statistical software will be purchased for the data analyst to use during this project.

Office supplies will be purchased for the project manager to use and for use on project activities by other team members.

Travel

Two people to travel to attend the 2.5-day training workshop in Baltimore in September: $2759

- Round trip airfare for 2 people at $600 per fare: $1200
- Per diem for 2 people @ $71 per day ($71 *0.75 * 2 for travel days + $71*2 for non-travel days): $497
- Lodging for 2 people @ $157 per person per night for 3 nights: $942
- Transportation for 2 people @$30 per each way per person: $120

Two staff will travel to the training workshop, the project manager and the MIS liaison. It is key that our Project Manager attend to understand the details of program implementation and evaluation in the context of the project. It is important for our MIS liaison to attend to better understand how he fits into the larger project context as well as to understand specific details on data reporting.

Two people to travel to attend the final 1-day meeting at FNS in Washington, DC in September: $2856

- Round trip airfare for 2 people at $600 per fare: $1200
- Per diem for 2 people @ $76 per day ($76 *0.75 * 2 for travel days + $76*2 for non-travel days): $532
- Lodging for 2 people @ $251 per person per night for 2 nights: $1004
- Transportation for 2 people @$30 per each way per person: $120

The Project Director and Project Manager will attend the final project meeting to present on the results of the project to meet project requirements.

Other Expenses

Printing and conference calls will support successful completion of project objectives, especially A, B, and C.

Application Checklist

- ☐ Have you registered with the HPRIL grant submission platform?
- ☐ Does your Title Page/cover sheet your title of the project, name of your agency, contact information: name, position, phone number, and email address?
- ☐ Is the proposal clearly stated?
- ☐ Does your proposal comply with the format requirements and the page limitations?
- ☐ Is Attachment 1: MIS Capabilities attached?
- ☐ Is Attachment 2: Assurances attached?
- ☐ Are the resumes of the key personnel attached?
- ☐ Is the HPRIL RFP Budget Form and Budget Justification attached? Is the budget narrative included and does it agree with the calculations shown on the budget form?
- ☐ Is your Project Timeline attached?
- ☐ Is a letter of Commitment from your State WIC Agency attached?

References

Au, LE, Whaley, S., Gurzo, K., Meza, M., & Ritchie, LD. (2016). If You Build It They Will Come: Satisfaction of WIC Participants With Online and Traditional In-Person Nutrition Education. Journal of Nutrition Education and Behavior, 48, 336-342.e1.

Baranowski. T. & Stables, G. (2000). Process evaluations of the 5-a-day projects, Health Education and Behavior, 27: 157–166.

Bensley, R., Hovis, A., Horton, K., Loyo, J., Bensley, K., Phillips, D., & Desmangles, C. (2014). Accessibility and Preferred Use of Online Web Applications Among WIC Participants With Internet Access. Journal of Nutrition Education and Behavior, 46(3), S87–S92.

Bensley RJ, Anderson JV, Brusk JJ, Mercer N, & Rivas J. (2011). Impact of internet vs traditional Special Supplemental Nutrition Program for Women, Infants, and Children nutrition education on fruit and vegetable intake. Journal of the American Dietetic Association, 111, 749-55.

Brusk, J.J. & Bensley, R.J. (2016). A Comparison of Mobile and Fixed Device Access on User Engagement Associated With Women, Infants, and Children (WIC) Online Nutrition Education. JMIR Research Protocols, 5, e216.

Carlson, S., Neuberger, Z., & Rosenbaum, D. (2017). WIC Participation and Costs Are Stable: Have Returned to Pre-Recession Levels. Washington, DC: Center for Budget and Policy Priorities, cbpp.org. https://www.cbpp.org/research/food-assistance/wic-participation-and-costs-are-stable. Accessed July 11, 2018.

Colorado WIC Program. (2015). Texting for Retention Program. Final Report: WIC Special Project Grant, Fiscal Year 2014. Denver, CO: Colorado Department of Public Health and Environment. Available at: https://wicworks.fns.usda.gov/sites/default/files/media/document/Colorado%20TFRP%20Final%20Report.508.pdf. Accessed July 2, 2018.

Food and Nutrition Service. (2014). Nutrition Program Facts: WIC – The Special Supplemental Nutrition Program for Women, Infants and Children. United States Department of Agriculture. Retrieved from: http://www.fns.usda.gov/sites/default/files/WIC-Fact-Sheet.pdf

Food and Nutrition Service. (2018a). WIC Program Participation and Costs. https://fns-prod.azureedge.net/sites/default/files/pd/wisummary.pdf). Accessed June 8, 2018.

Food and Nutrition Service. (2018b). Women, Infants and Children (WIC). Frequently Asked Questions About WIC. Retrieved from: https://www.fns.usda.gov/wic/frequently-asked-questions-about-wic Last Published: 04/20/2018.

Geller, D., Eng. S., Aldridge, D., Cummings, C., Bell, L., Sallack, L., & Phillips, D. (2016). Planning Future Data Collection Needs within the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Prepared by Manhattan Strategy Group. Alexandria, VA: USDA, Food and Nutrition Service. This report is available online at: http://www.fns.usda.gov/ops/researchand-analysis. Accessed July 11, 2018.

Hamilton, B., Martin, J., Osterman, M., Driscoll, A., & Rossen, L. (2017). Births: Provisional data for 2016. Vital statistics rapid release; no 2. Hyattsville, MD: National Center for Health Statistics. Available from: https://www.cdc.gov/nchs/data/vsrr/report002.pdf.

Harper, J. Hirschman, J. Mabli, S. Nelson, & K. Hourihan. (2009). WIC Eligibles and Coverage – 1994 to 2007: Estimates of the Population of Women, Infants, and Children Eligible for WIC Benefits. USDA Food and Nutrition Service, Washington, DC. PREVIEW Date:Jul12,2018WorkspaceID:WS00164118FundingOpportunityNumber:USDA-WIC-PRIL-2018.

Hull, P., Emerson, J., Quirk, M., Canedo, J., Jones J., Vylegzhanina, V., Schmidt, D., Mulvaney S., Beech, B., Briley, C., Harris C., & Husaini. B. (2017). A Smartphone App for Families With Preschool-Aged Children in a Public Nutrition Program: Prototype Development and Beta-Testing. JMIR Mhealth Uhealth. 5, e102.

IDEO U. (2015). Ideation Method: Mash-Up. https://www.ideou.com/pages/ideation-method-mash-up. Accessed January 11, 2019.

Illinois chapter of the American Academy of Pediatrics. (2015). WIC to 5. Pocket Guide for Health Care Providers. http://illinoisaap.org/wp-content/uploads/Pocket-Guide-for-HCP.02.04.15.pdf. Accessed July 11, 2018.

Johnson, P., Huber, E., Giannarelli, L., & Betson, D. (2015). National and State-Level Estimates of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Eligibles and Program Reach, 2013. U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support. Alexandria, VA.

Johnson, P., Betson, D., Blatt, L., & Giannarelli, L. (2017). National- and State-Level Estimates of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Eligibles

and Program Reach in 2014, and Updated Estimates for 2005–2013, Alexandria, VA: USDA Food and Nutrition Service, Office of Policy Support.

National Academies of Sciences, Engineering, and Medicine (NASEM). (2017). Review of WIC Food Packages: Improving Balance and Choice: Final Report. NASEM; Health and Medicine Division; Food and Nutrition Board; Committee to Review WIC Food Packages. Washington, DC: National Academies Press.

Neuberger, Z. (2017). Modernizing and Streamlining WIC Eligibility Determination and Enrollment Processes. Center on Budget and Policy Priorities. Washington, DC. Retrieved from: https://www.cbpp.org/research/modernizing-and-streamlining-wic-eligibility-determination-and-enrollment-processes

Oliveira, V. & Frazao, E. (2009). The WIC Program: Background, Trends, and Economic Issues, 2009 Edition, ERR-73, U.S. Department of Agriculture, Economic Research Service. https://www.ers.usda.gov/publications/pub-details/?pubid=46177. Accessed July 11, 2018.

Oliveira, V. & Frazão, E. (2015, January). The WIC Program: Background, Trends, and Economic Issues, 2015 Edition, EIB-134, U.S. Department of Agriculture, Economic Research Service.

Pati, S., Siewert, E., Wong, A., Bhatt, S., Calixte, R., Cnaan, A. (2014). The influence of maternal health literacy and child's age on participation in social welfare programs. Maternal Child Health Journal, 18, 1176-89. doi:10.1007/s10995-013-1348-0.

Rodriguez, A. (2018). SC DHEC debuts new mobile unit to help Upstate women & children. Fox Carolina (Meredith Corporation). http://www.foxcarolina.com/story/37878724/sc-dhec-debuts-new-mobile-unit-to-help-upstate-women-children. Accessed July 11, 2018.

Sekhobo, J., Peck S., Byun, Y., Allsopp, M., Holbrook, M., Edmunds, L., & Yu, C. (2017). Use of a mixed-method approach to evaluate the implementation of retention promotion strategies in the New York State WIC program. Evaluation and Program Planning, 63, 7-17. doi: 10.1016/j.evalprogplan.2017.03.002.

Sonchak, L. (2016). The Impact of WIC on Birth Outcomes: New Evidence from South Carolina. Maternal Child Health Journal, 20, 1518-25.

Steckler, A. & Linnan, L. (2002). Process evaluation for public health interventions and research. San Francisco, CA: Jossey-Bass.

Trippe, C., Tadler, C., Johnson, P., Giannarelli, L., Betson, D. (2018, February). National- and State-Level Estimates of WIC Eligibles and WIC Program Reach in 2015. Retrieved from United States Department of Agriculture website: https://fns-prod.azureedge.net/sites/default/files/ops/WICEligibles2015-Volume1.pdf

US General Accounting Office. (1992). Early Intervention: Federal Investments Like WIC Can Produce Savings. Document HRD 92-18, Washington, D.C.

U.S. Department of Agriculture, Food and Nutrition Service. (1999b). Directions: The WIC Program Technology Newsletter.

U.S. Department of Health and Human Services and U.S. Department of Agriculture. (2005). Dietary Guidelines for Americans, 2005. 6th Edition, Washington, DC: U.S. Government Printing Office.

U.S. Department of Agriculture, Food and Nutrition Service. (2015). Women, Infant, and Children: About WIC – WIC at a Glance. Retrieved from: https://www.fns.usda.gov/wic/about-wic-wic-glance

Vermont State WIC Program (2017). WIC2FIVE: Using Mobile Health Education Messaging to Support Program Retention. Vermont 2014 WIC Special Project Mini-Grant. Final Report. Burlington, VT: Vermont Department of Health WIC Program. Available at: https://wicworks.fns.usda.gov/sites/default/files/media/document/VT.Final_report_508.pdf, Accessed July 2, 2018.

Virginia WIC Program (2018). Virginia WIC on Wheels. Virginia WIC Newsletter, Virginia Department of Health. http://www.vdh.virginia.gov/content/uploads/sites/44/2017/01/WICRetailerBulletin201703.pdf. Accessed June 23, 2018.

Whaley, S., Whaley, M., Au, L., Gurzo, K., & Ritchie, L. (2017). Breastfeeding Is Associated With Higher Retention in WIC After Age 1. Journal Nutrition Education and Behavior, 49, 810-816.e1.

Glossary of Terms

CoIN: Stands for collaborative innovation network, which is a group of self-motivated people with a shared collective vision who collaborate to achieve a common goal by sharing knowledge, ideas, and work.

CoIN Calls: Monthly calls with HPRIL and all sub-grantee agencies for connecting, sharing successes and challenges, and troubleshooting issues.

Consortium: a group formed to undertake a project or enterprise beyond the resources of any one member.

Customer Service Activities: Clinic customer service activities that promote a positive WIC experience that will be implemented in all funded projects. They may include: appointment reminder calls/texts, accepting electronic eligibility documents, same-day appointments, staff training on customer service, 30-day temporary eligibility approval, participant-centered communication and counseling, and missed appointment follow-up.

Evaluation: Documenting and measuring the implementation of the project and its success in achieving intended outcomes.

- Process Evaluation: Determines whether project activities have been implemented as intended.
- Outcome Evaluation: Determines whether the project has impacted the target population and achieved or made progress towards its desired outcomes.

Evaluation Design: The structure of your project evaluation that will enable you to be able to answer your evaluation questions. For example, using a comparison and an intervention group and collecting pre- and post-intervention data.

Goal: A broad statement about the long-term desired outcome of your project.

Indicator: Measurable information or markers relevant to your project objectives.

Innovation Intervention: Cost-neutral, scalable tools applied to WIC management, clinic, and retail services that have not been evaluated for impact on retention or have been adapted from other existing tools.

Intervention: Action to improve a situation. Intervention in HPRIL means the implementation of an innovative tool.

Logic Model: A chart visualizing how your intervention will work, including inputs/resources, outputs, and outcomes. It provides a foundation for implementing and evaluating your project.

SMART Objective: A specific result that the project aims to achieve within a timeframe and with available resources. SMART stands for specific, measurable, achievable, realistic, and timebound.

- Process Objective: Describes the activities you will deliver during project implementation written in a SMART format.

- Outcome Objectives: Describes the intended effect of your intervention in the target population written in SMART format. They can be short-term, intermediate, or long-term.

Project Period: The 18-month period when sub-grantees will receive funding for and support on project planning, implementation, and evaluation.

Quasi-Experimental Design: An evaluation design where there are intervention and comparison groups, but individuals are not randomly assigned to their group. This design cannot show causality but can show plausibility of impact of a project.

Recertification: Also known as certification, it is the annual income documentation and risk assessment of WIC clients.

Retention: Recertification within 14 months.

Tool: A physical or digital product, instrument, skill, or method/protocol to carry out a particular function.